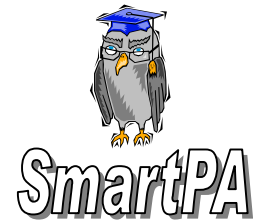




Heritage Information Systems, Inc.



Clinical Edit Criteria Proposal

Drug/Drug Class: **Sucralfate (Carafate) Clinical Edit**

Prepared for: Missouri Medicaid
Prepared by: Heritage Information Systems, Inc.

☒ New Criteria

☐ Revision of Existing Criteria

Executive Summary

Purpose:

Promote prudent prescribing of sucralfate with regards to indication and duration of use.

Why was this Issue Selected:

Oral sucralfate is primarily indicated for short-term treatment of duodenal ulcers. In the treatment of gastrointestinal conditions, sucralfate monotherapy is not considered first line treatment. Additionally, sucralfate acute treatment doses, or use in combination with a H₂ antagonist or proton pump inhibitors, may be continued long-term while providing no additional benefit and may also interfere with concurrent therapy.

Program-specific information:

Drug	Claims	Expense
• Sucralfate (Carafate)	21,087 (4/02-3/03)	\$772,964

Setting & Population:

Medicaid fee-for-service patients diagnosed of GI Ulceration.

Type of Criteria:

☒ Increased risk of ADE

☐ Non-Preferred Agent

☐ Appropriate Indications

☐

Data Sources:

☐ Only administrative databases

☐ Databases + Prescriber-supplied

Setting & Population

- Drug/drug class for review: sucralfate
- Age range: ≥ 19 years of age
- Gender: males and females

Approval Criteria

Approval Diagnoses				
Condition	Submitted ICD-9 Diagnoses/CPT Procedure Codes	Inferred Drugs	Date Range	Client Approval (Initials)
Ulcer of Esophagus	530.2		2 years	
Gastric Ulcer	531		2 years	
Duodenal Ulcer	532		2 years	
Peptic Ulcer	533		2 years	
Gastrojejunal Ulcer	534		2 years	
Stomatitis	528		2 years	
Cancer	140 - 208	NA	2 years	
	NA	Antineoplastics	12 months	
Pregnancy	Presence of V22-V39 or 640-648*		320 days	
	Absence of V21, V24, V27, 72, 73, 59400-59430, 59510-59525, 59610-59622, 641-676 [†] , 763, 634-639,		320 days	

Denial Criteria

- > 8 weeks of maintenance therapy (i.e., 4 gms per day).
- Greater than 4 weeks therapy in conjunction with H2-Antagonist or PPI.
- Patients with a history of stomatitis, cancer, or current pregnancy as defined above will be excluded from denial criteria evaluation.

Required Documentation

Laboratory results:

☐
☐

MedWatch form:

Progress notes:

☐
☐

Disposition of Edit

- **Denial:** Exception Code "710" (Excessive Duration)

References

1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2003.



Client Approval

Please have an authorized representative execute this Clinical Edit criteria verifying receipt by the client and that all elements contained herein are understood.

Client Name: _____

Signature: _____

Date: _____

